

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>1/14/05</u>		2 Serial/Patent # <u>09/376,317</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 45%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 20%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Petition</td><td></td><td>12/7/04</td><td>\$ 1370</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$		Extension of Time			\$		Notice of Appeal/Appeal			\$	<input checked="" type="checkbox"/>	Petition		12/7/04	\$ 1370		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$		Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ 1370</div>		
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 45%;">Overpayment</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td></td><td>No Fee Due (Explanation):</td></tr> </table>			Overpayment	<input checked="" type="checkbox"/>	Duplicate Payment		No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 45%;">Treasury Check</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td></tr> <tr> <td style="text-align: center;">9</td> <td style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> <span>1</span><span>3</span><span>--</span><span>2</span><span>5</span><span>4</span><span>6</span> </div> </td> </tr> </table>			Treasury Check	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	9	<div style="display: flex; justify-content: space-around;"> <span>1</span><span>3</span><span>--</span><span>2</span><span>5</span><span>4</span><span>6</span> </div>																																						
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11 REFUND REQUESTED BY:																																																					
TYPED/PRINTED NAME: <u>CHARLENA GRANT</u>		TITLE: <u>Attorney</u>																																																			
SIGNATURE: <u>C. Grant</u>		PHONE: <u>X2-3215</u>																																																			
OFFICE: <u>Puerto Rico</u>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: <u>Alisa Kelly</u>		DATE: <u>1/18/05</u>																																																			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**